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UNITED STATES HOUSE OF REPRESENTATIVES 2021 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employee	DELINER RESIDENTIAL RESI
		MC 1027 MAY 16 PH 3: 10
Name: Steven Bref Gut mrie	Daytime Telephone: 202-225-350)	A \$200 penalty singlification the property any individual who need the article of the party and the
FILER Member of the U.S. State:	Cofficer or Employing Office:	ffice: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2021 Annual (Due: May 16, 2022)	Amendment Termination Date of Term	Termination  Date of Termination:
PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS	ESE QUESTIONS	
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Ot b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ortable agreement or arrangement withan results and the current calendar ves No of filing?
ndent child purchase, sell, or real estate in a transaction period?	Yes No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	chilid receive any Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	t child receive any Yes No No No reporting period?
D. Did you, your spause, or your dependent child have any reportable \\ lability (more than \$10,600) at any point during the reporting period?	Yes No I. Did any individual or organization make a donation to charity in fleu of paying you for a speech, appearance, or article during the reporting period?	speech, appearance, or article during the
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E CO	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - AN	, OR TRUST INFORMATION - ANSWER EACH	SWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Public Offering during the reporting period? If you answered "yes" to this	question, please Yee Mo No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	tee on Ethics and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No No
EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Effics.	of a spouse or	your dependent child because they meet Yes No X

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	+		77	H	Ŧ		Ŧ	Т	the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts, if the lotal is own \$5,000, list every financial matibation where there is more than \$1,000 in interest-bearing accounts. If the lotal is own \$5,000 in returned handlation where there is more than \$1,000 in interest-bearing excounts.  For rental and other real property held for investment, provide a complete address or description, e.g., Tential property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the activities, and its geographic business, the nature of activities, and its geographic location in Block A.  Excluding the reporting period; and any financial income and vesation homes (unless there was seriod homes and vesation homes (arrives there was seriod homes during the reporting period); and any financial income during the reporting period; and any financial income, including the Thrift Barkings Plan.  Excluding the unitary financial fact an excepted threatment frunt, please check the "EF" box.  If you report a privately-fraced fund that is an Excepted threatment frunt, please check the "EF" box.  If you are choose, you may induct the fact an exsect or froome source is that of your apouse (SP) or former source is that for your apouse (SP) or former accurate the their interests, please refer to the instruction booklet.	that generated more than \$200 in "unearrand" income during the year:  Provide complete names of stocks and mutual funds (do not use only stater symbols).  For all tRAs and other retirement plans (such as 401 if) blanck browled the water 60 each saset held in	Assets and/or income Sources leadly (a) each asset held for investment or production of frauer and with a fair mailtait value accepting \$1,000 at the end of the reporting pation, and the head of the reporting pation.
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Name: Steven Brett Guthric

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### **\$CHEDULE C - EARNED INCOME**

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List the source, type	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list	ment) totaling \$200 or more during the r	reporting period. For a spouse, list
the source and amo EXCLUDE: Military	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.  EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	wow. ocial Security Act. fet or above the "senior staff" rate was \$29.595. The 2022 timit is \$29.895.	29 595. The 2022 limit is \$29,895.
INCOME LIMITS an	INCOME LIMITS and PROHIBITED INCOME: The 2021 limit on outside earned income for members and employees compensated at a source are senior senior and income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	relationship) are totally prohibited.	roloon isso exer min to decident
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	000'9\$
Examples:	Sigto of Maryland	Legislative Pension	\$18,000
,	Civil War Roundiable (Oct. 2)	Spouse Speach	\$1,000
	Onterio County Board of Education	Spouse Salary	NA
MS C	NS Congress	Solorh	\$ 174,000 95
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#### SCHEDULE D - LIABILITIES

Name: Styrn Bett Cuthic Page 잋

B ž

ローモ Report liabilities of over \$10,000 owed to any one creditor *et any time* during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property incitding mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or stbling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. DC, 17 Jemorson Chase of Columbus Dumsberg KI MS Rank : 4810 Fredica First Bank of Wilmington, DE Creditor 25 11/11 Liability incurred MO/YR Date 52 Residence Garni Residence War tot ou 4515.07 Mortgage on Rental Property, Dover, DE Type of Liability 27.77 Gewin Cimers \$10,001-\$15,000 > \$15,001-• \$50,000 \$50,001-\$100,000 O \$100,001-ול × 0 \$250,000 Amount of Liability \$250,001m \$500,000 \$500,001-7 \$1,000,000 92 \$1,000,001-٥ \$5,000,000 \$5,000,001-\* \$25,000,000 \$25,000,001 \$50,000,000 Over \$50,000,000 Over \$1,000,000\* \* (Spouse/DC Liability)

#### SCHEDULE Ш ı **POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, tirustee of an organization, partners proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, tabor organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
Board mem box	trace Dic Cost inc - Family Business
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#### **SCHEDULE F - AGREEMENTS**

that you have with respect to: fi	
that you have with respect to: future employment: a leave of absence during the period of government service:	Name: Stevin Brett Conthine
f oxyamment service:	Page / d of /4

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

employer.		
Date	Parties to Agreement	Terms of Agreement
pole 11	113109 Bred Gathrie & Trace Ore Cast CTDC) leave of absence.	leave of absence for advernment sorvice
1/3/09	113/09 Brett Cuthine + TOC	HOLK, Noncontribution by self or TOC
1/3/09	113/09 Broth Conthrie +TOC	Deferred comp - NonContribution while on leave
1)3/09	Ky Employmeent Retirement System	Between Self and KERS - Defined Benefit' No
,	()xerz's) Cash Value of a	Cash Value of assets owned or controlled
		by me
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#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered tobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Source	Value
Example:	Mr. Joseph Smith, Arlington, VA	Shear Platter (prior determination of personal triendship received from the Controllise on Ethics)	\$500
		N /+	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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Page 12 of
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Identify the source and list travel litherary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbureed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Giffs and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

-10 1401						
	Seurce	Date(s)	City of Departure-Deathration-City of Return	Ladging? (Y/N)	Food? (YM)	Family Member Included? (Y/N)
	Government of Chine (NECSA)	Aug. 6-11	DC-Belling, China-DC	4	۲	2
Examples	Habitat for Humanity (Charty Fundraliser)	Har, 34	DC-Bester-DC	۲	Υ	Y
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## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Strong Brett Cuthic Page 13 of 14

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Aug. 13, 2021 Feb. 2, 2021 Date Amount \$2,000 \$500

Name: Steven But Cuthine Page 14 of

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			7000	Moines Fowa	H	Surrender Value of 2 Univivsol life Policies	-	Gersonal troperty of my late mother my	NOTES